SCHEDULE I - EARNED INCOME

Name Maxine Waters

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List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totaling \$200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000.

Source	Туре	Amount
State of California	Legislative Pension	\$5,414
Prime Automotive Group, Inc.	Spouse Consulting Fee	N/A
Buchanan, Ingersoll & Rooney	Spouse Consulting Fee	N/A
ICO Development LLC	Spouse Consulting Fee	N/A

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

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		ASS(Identify (a) ea a fair market and (b) any of than \$200 in ' land, provide mutual funds retirement pla in which you investments), in the accoun plans that are and its value that is not puu its activities, information, s information of the savings accoun generator sibli savings accoun Government r If you so choo that of your s in the optiona	SP		SP	SP	SP	SP
	BLOCK A	Asset and/or income Source identify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other assets or sources of income which generated more than \$200 in "unearned" income during the year. For rental property or land, provide a complete address. Provide full names of stocks and mutual funds (do not use ticker symbols). For all IRAs and other retirement plans (such as 401(k) plans) that are self directed (i.e., plans in which you have the power, even if not exercised, to select the specific investments), provide the value and income information on each asset in the account that exceeds the reporting threshold. For retirement plans that are not self-directed, name the institution holding the account and its value at the end of the reporting period. For an active business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A. For additional information, see the instruction booklet. Exclude: Your personal residence(s) (unless there is rental income); any deposits totaling \$5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	OneUnited Bank	Congressional Federal Credit Union	American Golf JT. Venture	American Golf JT. Venture	Tract Unit 3357, Lot 96, CA	2201 Kirk St., Houston,TX
Name Maxine Waters	BLOCK B	Year-End Value of Asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	\$100,001 -	\$1,001 - \$15,000	\$100,001 - \$250,000	\$100,001 - \$250,000	\$15,001 - \$50,000	\$1,001 - \$15,000
/aters	BLOCK C	Type of Income Check all columns that apply. For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA". For all other assets including all IRAs, indicate the type of income by checking the appropriate box below. Dividends and Interest, even if reinvested, should be listed as income. Check "None" if asset did not generate any income during the calendar year.	DIVIDENDS	INTEREST	INTEREST	Other: Profit Sharing		
	BLOCK D	Amount of Income For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, including all IRAs, indicate the category of income by checking the appropriate box below. Dividends and interest, even if reinvested, should be listed as income. Check "None" if no income was earned or generated.	\$5,001 - \$15,000	\$1 - \$200	\$15,001 - \$50,000	\$15,001 - \$50,000	NONE	NONE
Page 3 of 8	BLOCK E	Transaction Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.						

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מאראויים ווייסטו	
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SCHEDU	SCHEDULE III - ASSETS AND "UNEARNED" INCOME	Name Maxine Waters	aters		Page 5 of 8
SP	Small Cap World Fund (IRA)	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	
SP	Scuder CA Tax Free Fund	\$15,001 - \$50,000	INTEREST	\$1 - \$200	
SP	Merrill Lynch Money Market	\$1 - \$1,000	INTEREST	\$1 - \$200	
SP	Merrill Lynch Cap Fund	\$1,001 - \$15,000	DIVIDENDS	\$201 - \$1,000	
дS	Global Allocation Fund	\$15,001 - \$50,000	DIVIDENDS	\$201 - \$1,000	
SP	Global Allocation Fund	\$15,001 - \$50,000	INTEREST	\$201 - \$1,000	
SP	CMA Fund	\$15,001 - \$50,000	DIVIDENDS	\$201 - \$1,000	
	Merrill Lynch Money Mkt.	\$1,001 - \$15,000	INTEREST	\$1 - \$200	
SP	ECI Holding, Inc.	\$250,001 - \$500,000	DIVIDENDS	\$1,001 - \$2,500	
	Massachusetts Mutual	\$50,001 - \$100,000	INTEREST	\$1,001 - \$2,500	
	Massachusetts Mutual	\$50,001 - \$100,000	Other: Annuity	\$1,001 - \$2,500	
SP	Blackrock Global All. Fund	\$1,001 - \$15,000	DIVIDENDS	\$201 - \$1,000	
SP	National Bank of California	\$50,001 - \$100,000	INTEREST	\$1,001 - \$2,500	

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SCHEDULE V - LIABILITIES

Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless all or part of it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report "revolving charge accounts" (i.e., credit

Name Maxine Waters

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cards) on	cards) only if the balance at the close of the preceding calendar year exceeded \$10,000.	ded \$10,000.	
SP, DC,			
JT	Creditor	Type of Liability	Amount of Liability
	Congressional Federal Credit Union	Revolving Charge Account	\$10,001 - \$15,000
JT	JP Morgan Chase (Formerly: Washington Mutual) Mortgage on 549 S. Los Angeles , CA	Mortgage on 549 S. Lucerne Blvd.; Los Angeles , CA	\$1,000,001 - \$5,000,000

SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name Maxine Waters Page 7 of 8

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than \$335 received by you, spouse or dependent child that is totally independent of his or her relationship to you. the Foreign Gifts and Decorations Act (5 U.S.C § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the

Source	Date(s)	Point of Departure DestinationPoint of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Lodging? Food? Member Included? (Y/N) (Y/N) (Y/N)	Days not at sponsor's expense
BET Network - BET Honors	January 11 LA - DC	LA - DC	~	Υ	7	none
Trumpet Awards Foundation	January 13-14	DC - Atlanta - DC	~	~	~	none
Faith Formula Human Services Corporation	April 24-26	DC - Dallas - LA	~	~	≺	none
Dillard University	May 9-10	LA - New Orleans - St. Louis	~	~	~	none
Association of Community Organizations for Reform Now (ACORN)	June 21-22	LA - Detroit - DC	~	≺	~	none
Greater Bethlehem Baptist Church	September 5-6	September LA - St. Louis 5-6	~	~	Z	none

SCHEDULE VIII - POSITIONS

Name Maxine Waters

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Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or any business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
President	Black Women's Forum
Director	Gourmet Services
Director	Minority AIDS Project
Director	Clara Elizabeth Jackson Carter Foundation, Spellman College
Director	African American 2000 and Beyond